



IPW

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/642,809
Filing Date	08/15/03
First Named Inventor	Herbert E.M. Viggh
Art Unit	2877
Examiner Name	(not assigned)
Attorney Docket Number	AFB 634

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the address associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

The attorney of record is retiring as of 28 August 2006.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
City		State		Zip
Country				
Telephone			Email	
Signature				
Name	William G. Auton		Registration No.	31,320
Date	7/18/06		Telephone No.	(781) 377-4072

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.